Autumnal greetings from your Society! After June’s exciting Science Symposium featuring Dr. Antonio Puente and our first-ever Diversity and Cultural Competence Seminar, the 2014-2015 MNS Board of Directors hit the ground running over the summer. In addition to carrying out the many day-to-day efforts needed to keep the Society running smoothly, we are already hard at work on realizing our Presidential Initiatives for the year. These goals, as unveiled at the Science Symposium, are aimed at preparing our members for the future while celebrating and preserving our past successes.

The Initiatives are:

1) Ongoing participation in healthcare reform:
These are exciting times in Massachusetts, as the passage of Chapter 224 of the Acts of 2012 offers many opportunities to shape new policy in improving access to healthcare services and bridging the artificial divide between physical and behavioral health. This fall, the Division of Insurance is hosting a series of “listening sessions” focused around behavioral healthcare and its interaction with insurance carriers, with several sessions specifically concerning neuropsychological assessment. [Continued on page 2]

MNS now has two committees working on extending the reach and mission of MNS outward, through advocacy and policy work. Over the years, we have seen MNS grow from a small scientific society to an organization that serves neuropsychologists and people needing neuropsychology services in Massachusetts on a number of different fronts. As part of this development, MNS strives to remain current not only with research and clinical advances, but with changes in healthcare policy and delivery, as these changes affect our work and care for our patients. The Professional Affairs Committee (PAC) has taken on a key advocacy role for MNS for many years now. In 2013, the Board of Directors created a new committee, the Healthcare Reform Committee (HRC), to further support MNS efforts to keep current with the landscape in which we practice, at a time when the pace of healthcare reform at the state level was beginning to accelerate rapidly. The HRC’s mission includes monitoring external events so that MNS leadership can educate and advocate with policy makers when opportunities to give input arise, and to keep the MNS members informed of relevant healthcare reform developments.

DOI Sessions: This fall, the bulk of the HRC’s focus and work has been on the Division of Insurance listening sessions on various behavioral health topics. Sessions are open to the public. Insurers, clinicians, patients, patient advocacy groups, and representatives from a number of state agencies and commissions such as the Office of Patient Protection (OPP), the Health Policy Commission, and the Attorney General’s Office (AGO) are participating in the discussions. [Continued on page 7]
[President’s Report - Continued from page 1]

The Professional Affairs Committee and the Healthcare Reform Committee are collaborating to ensure that MNS has representation at these events, under the direction of the Executive Committee, and many have been hard at work providing written comments for the DOI’s records. Submitted documents explain what a neuropsychologist is, suggest how the prior-authorization process should be streamlined to reflect actual clinical practice, address problems with current medical-necessity criteria used in Massachusetts, and describe many other issues of concern for neuropsychologists and their patients in seeking coverage for neuropsychological assessment. To read copies of MNS’s written comments, please visit the website or check them out on our e-mail list. The PAC and the HRC are both inviting member participation in these events, so if you’d like to attend a meeting and provide your input and expertise, or just take notes and relay them back to the PAC and HRC, please contact me or committee chairs directly. It’s a great opportunity to provide tangible feedback that can direct policy and make a real difference in the daily lives of providers and patients!

2) Building coalitions with patient advocacy groups: We have heard time and again from the advocacy gurus in our national organizations that our most effective advocacy occurs when we speak not only for ourselves as providers, but on behalf of our patients and their families. Our arguments are more compelling if we can demonstrate how the bugbears that plague our practices also serve as obstacles to our patients in accessing care. We have used the DOI hearings as an opportunity to connect with representatives from patient groups, and we have echoed in our own comments some of the concerns raised on behalf of consumers seeking access to neuropsychological services. If you yourself serve on the board of a consumer advocacy group representing a specific patient population, please help us to forge stronger connections with that group and see how we can make their concerns heard in these government hearings. Contact me directly if you can help!

3) Providing intervention-focused educational opportunities: As healthcare reform moves more and more towards an integration of mental-health and physical-health needs, it is increasingly important for neuropsychologists to provide not only assessment services but also interventions that are informed by our unique expertise. Our Education Committee has already scheduled several events focused on interventions, including equine therapy at our September lecture commemorating Dr. Paul Spiers, neurofeedback for ADHD at our December lecture, and a few surprises for the spring.

4) Improving our institutional memory: The Electronic Communication Committee is in the process of setting up a space on our website where members can provide pictures, documents, written memories of their time in the Society, and tributes to members past and present. In the meantime, if you have something to share, please send it to Dr. Anya Potter.

MNS looks forward to continuing our journey through an exciting year for neuropsychology. We’d love for you to get involved! Most committees are welcoming new members. It's a great way to fight learned helplessness and to make things better for providers, patients, students, and the field at large! No time to serve on a committee? Please consider pitching in on an individual project. Attend a DOI listening session; help us write up comments or testimony to a government agency; bring in a new member; mentor a student; join the Speakers’ Bureau and give a talk to a community organization. No job is too small to make a difference!

I welcome your thoughts and concerns. You can reach me at president@massneuropsychology.org anytime. Thank you for your membership!
**Diversity Committee**
Margaret Lanca, Ph.D., Diversity Chair

In only the second year of existence since the Diversity Committee was inaugurated by Past-President of MNS, Dr. Karen Postal, we have had some very exciting accomplishments. Members of the Diversity Committee and the Boston University Neuropsychology Group held multiple meetings in the Spring 2014 to develop a curriculum and organize a cultural workshop for our members after being granted an APA CEMRATT award. The result was MNS' first ever symposium to improve cultural competence for neuropsychologists. Attendance was at near capacity! It was held on the same day as the MNS Annual Science Symposium and was called **Cultural Competence Summit: Promoting Multicultural Training for Neuropsychologists.** The summit consisted of three separate sessions:

1) **Awareness session:** Dr. Treniece Lewis Harris, Chairperson of the Diversity Task Force at the Cambridge Health Alliance (CHA), led an interactive session on “Identifying information in professional practice: The cultural relevance of the neuropsychologist.” Participants discussed their multiple cultural identities and how these consistently influence their interaction with patients, including the type of questions asked during the interview. Ways to recognize cultural variables in assessments were also addressed.

2) **Skills session:** Dr. Margaret Lanca, MNS Past-President and Director of Neuropsychology at CHA, presented a lecture on “The challenges of neuropsychological assessment of multicultural patients with low literacy.” Dr. Clemente Vega, a Neuropsychologist at Boston Children's Hospital, presented a lecture on the “Assessment of Spanish-English bilingual children in the U.S.”

3) **Knowledge session:** Dr. Antonio Puente, Professor of Psychology at the University of North Carolina Wilmington was the Cultural Summit/Keynote Speaker for the MNS Science Symposium. Dr. Puente presented a lecture on “Interfacing cultural factors with neuropsychological assessment: Studying and working with Spanish and Russian individuals and Neuropsychologists.” He provided a historical background on neuropsychology and highlighted how different neuropsychological tools can overestimate impairment in Latino/a groups when using different norms. He also discussed the importance of ongoing research in order to provide valid, reliable neuropsychological assessments for diverse populations.

**Goals for 2014-2015:** The Diversity committee will continue to expand its work for the coming year and will focus on two projects:

1) **Understanding neuropsychologists’ self-perceptions of cultural competence.** The diversity committee would like to further explore our members’ self-perception of cultural competence so that we can improve future education events. We have initiated a pilot research project at the Cultural Competence Summit, in which attendees completed two questionnaires assessing their self-perceived level of cultural competence in providing neuropsychological services to multicultural populations. Our plan is to re-administer these questionnaires 6 months after the summit and analyze the results, which will be shared with MNS members and possibly written up for publication.

2) **Multicultural testing toolkit:** The committee will be working towards establishing a multicultural neuropsychology toolkit, which will entail a list of available neuropsychological testing measures for multicultural adult and children populations. This toolkit will be made available to our MNS members on the MNS website.

MNS Diversity committee welcomes new members from the MNS community! If you would like to participate in the committee feel free to be in touch with Maggie Lanca, Ph.D. at Margaret_Lanca@hms.harvard.edu.
Our beautiful fall weather has been matched by a bountiful calendar of educational events for our members as well as the larger community of professionals who have an interest in neuropsychology. In keeping with the focus of this year on expanding perspectives on neuropsychological practice, we have tried to feature speakers who can educate our members about new interventions and approaches.

We started off in September with a memorial for longtime MNS member Dr. Paul Spiers, who passed away last year, followed by a presentation on a topic dear to his heart. Ms. Julie Lovely, founder and director of the Wild Hearts Therapeutic Equestrian Program, spoke on the topic “Healing through Horsemanship: The Power of Equine Assisted Activities and Therapy (EAAT)”. Due to unforeseen difficulties, our Edith Kaplan Award speaker, Dr. Dawn Bowers, was unable to present at our October meeting. We are hopeful that we can re-schedule her talk entitled “Affairs of the Heart: Edith Kaplan and Journeys through the Limbic System” in the upcoming months. However, we were able to schedule Dr. Peter Entwistle, cognitive consultant for Pearson, to come and discuss the changes and revisions in theory as well as content in the new WISC-V, on October 28. This lecture was very well-attended, with over 60 members and non-members registered, a number of whom requested applications for membership.

Our November speaker was Dr. Eric Harris, Ed.D., J.D., who presented on the topic “Risk Management: Issues in Neuropsychological Practice” and lead an open question and answer period with the audience.

We are also excited about our upcoming fall lecture. In December, we are pleased to present Dr. Naomi Steiner, M.D., a developmental pediatrician whose talk is entitled “Neurofeedback: A Non-traditional, Non-pharmacological Approach to Support Children and Adults with Attention/Executive Function Deficits and ADHD.” We are very excited to be able to entertain this slate of high-quality presenters and hope you share our enthusiasm.

We would like to hear from members about speakers and topics that would be of interest, so please let us know. Maggi Budd is the chair of the education committee and can be reached at magbudd@yahoo.com.

REMINDER: While we always welcome drop-ins, we strongly encourage registration via the website (www.massneuropsych.org), where you can also get directions to the Brighton Marine Health Center. Advanced registration allows us to have enough handouts and snacks for all who attend. Also, remember that if you plan on using one of the three vouchers given to all members every year, you MUST bring the voucher with you. Finally, we are always looking for volunteers to help set up, register participants and hand out CE certificates. Volunteering is a great way of getting to know people and learn about the organization. If you are interested, please contact Maggi and the email address given above.

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We have another amazing year of student seminars organized by the Boston University’s Neuropsychology Group. We would like to thank all the speakers who will share their research, clinical experiences, and professional endeavors with our graduate students each month. We began the academic year with Dr. Deepa Acharya from the Boston VA Healthcare System, presenting “Neuropsychological Evaluations: Considerations in Geriatric Populations.”

We thank the BU Neuropsychology Group for these learning and professional networking opportunities. Make sure to stay tuned for the upcoming student seminars. Students interested in the Mentoring Program should let us know (brolonar@psych.umass.edu) and we will help you get connected with one of our mentors. Looking forward to hearing from you!
The MNS Membership Committee would like to thank everyone for your outreach efforts and we encourage you to continue to help recruit colleagues and students to join MNS. We have added sixteen (16) new members since Spring 2014 and hope to continue this trend going forward. As you know, membership with MNS brings many benefits, including a partnership with MPA that offers those who are members in good standing of both MNS and MPA a 15% discount on dues for both organizations. Your dues payments are critical to help advocate for our field in these challenging and uncertain times. There has been increased advocacy for the profession both through MNS and MPA over the past year, but we still have a long way to go and much more advocacy to do. There truly is strength in numbers.

Be assured that MNS is working hard to educate and prepare our members for changes in our practice climate as a result of healthcare reform, and continues to advocate vigorously for an optimal practice climate. It is exhilarating to have such a vibrant community of neuropsychologists in Massachusetts (and beyond) and the society looks forward to continued growth into 2015, and beyond.

Although our overall paid membership numbers were down in 2014, as noted above MNS has welcomed 16 new members over the past few months. For additional information on membership or for a membership application, please see the MNS webpage. Remember, there is a joint membership discount of 15% if you are a member of the Massachusetts Psychological Association (MPA) and pay your MNS dues by December 31, 2014.

Please recall that our dues fee structure changed for 2014 and going forward, dues for each year are due by December 31st. A late fee will be assessed if you pay after this date. So, your 2015 MNS dues are due by Wednesday, December 31, 2014. Additionally, if a MNS member has not renewed their membership in the past three (3) years, a new membership application must be completed (and please note that you are reapplying).

We look forward to seeing you at the upcoming MNS events!

Announcing the 2015 MNS Science Symposium!

We are already hard at work planning for Science Symposium 2015, with the talented efforts of event coordinator Dr. Adrienne West and diligent contributions from the rest of the Board, to ensure an event that is sure to make an impression on your medial temporal lobes! We are delighted to announce that E. Mark Mahone, Ph.D., ABPP, current President of the American Academy of Clinical Neuropsychology, ADHD expert, and Director of the Department of Neuropsychology at the Kennedy Krieger Institute, will be our keynote speaker. In response to member feedback, we are returning the Symposium to a weeknight, albeit one a little closer to the weekend and a little earlier in the spring. Please mark your calendars for the evening of Thursday, May 14, 2015!
Overview: Updates from the Board - Michelle L. Imber, Ph.D., ABPP

The **Executive Committee** welcomed President-Elect Dr. Stephanie Monaghan-Blout, now serving her second term on the Board, in her new role, and rolled out the red carpet for Dr. Brendan Lynch, our new Treasurer-Elect who joins our current Treasurer Dr. Kelly Karl. Dr. Nancy Moczynski continues as Secretary, and Dr. Margaret Lanca transitions to her new role as Past-President.

The **Electronic Communications Committee**, under the able stewardship of Dr. Anya Potter, has been managing the demands of our e-mail list and website and helping the Board and Society to store and share information more effectively.

The **Professional Affairs Committee**, helmed by new Board member Dr. Jeffrey Sheer and veteran Board member Dr. Roger Cohen, met regularly over the summer and continued its work with various insurance carriers in the Commonwealth, vetting sample forms for neuropsychologists to use in their practices, collaborating with MPA in research on assessment time, and pursuing other ongoing projects.

The **Education Committee**, under the direction of Dr. Maggi Budd, has been hard at work scheduling the education lectures for the next year.

New Student Representative Benjamin Rolon-Arroyo is assuming the mantle of the **Mentorship Committee Chair**.

The **Healthcare Reform Committee**, chaired by our Past-President Dr. Margaret Lanca and managed by former Board members Drs. Claudia Rutherford and Mary Coakley-Welch, has continued to monitor developments from state agencies and has identified ongoing opportunities to provide input about neuropsychological services.

Dr. Lori Azzara, with help from new Board Member Dr. Emily Wilner, is ably managing the **Membership Committee**. In addition to processing both paper and electronic membership applications, the Committee is currently working to make it easier for prospective members to meet membership requirements if they are new to the state or live far from Boston.

Dr. Linda Zoe Podbros, PAC member and former Board member, continues to serve as our delegate to the **Federation of Associations in Behavioral & Brain Sciences (FABBS)** with assistance from a Past-President, Dr. Sandie Shaheen. Drs. Podbros and Shaheen would welcome the involvement of students and other MNS members who would like to play a role in research advocacy at the national level.

Dr. Shaheen also heads the **Legacy Awards Committee**, which is pleased to announce the 2014 winner of the Cermak Award, MNS Past-President and senior memory researcher Dr. Dorene Rentz. The 2014 Kaplan Award was conferred upon Dr. Dawn Bowers of the University of Florida.
[Healthcare Reform, continued from page 1]. Members of the HRC and the PAC have been attending and participating in sessions, and then working with the MNS Executive Committee to submit written comments from MNS. Thanks to having two committees which means more volunteers, MNS has been represented at DOI sessions on prior authorization procedures, neuropsychological assessment, medical necessity criteria, health plans' compliance with the federal parity law, access to autism treatment, and children's access to behavioral healthcare. This article focuses on the parity sessions.

Parity Session: The 2012 Massachusetts healthcare transparency and payment reform law (Chapter 224) tasked DOI and the Attorney General's Office with enforcing health plans' compliance with the federal parity law, the Mental Health Parity and Addiction Equity ACT (MHPAEA). (Highlights and links to review key tenets of the law follow below.) DOI developed an annual reporting process through which insurance carriers under their purview (i.e., only Massachusetts fully-insured plans, and not Medicaid, Medicare, self-insured plans, out-of-state plans, or self-funded plans) submit certain information requested by DOI regarding their policies and procedures for complying with the parity law.

DOI's purpose in holding the two public listening sessions on certification of health plans' parity efforts is to seek assistance in examining the data they are collecting and consider if the information they request is sufficient and accurate for capturing parity concerns and compliance. DOI is questioning if they need to consider other variables of interest and/or if the existing data can be analyzed in a different way, such as breaking down information by diagnosis and/or procedures. The Bulletin in the link below clarifies the information health plans are to collect and submit, comparing systems and processes for behavioral health and non-behavioral health benefits administration:


Interestingly, the federal government has not yet provided guidance on what data to collect. Massachusetts is ahead of the rest of the country with this process. The discussion during the first DOI session focused on whether or not more detailed categorical data (for example, separating mental health and substance use disorders information) would be useful, and whether or not more information on outcomes – how the policies affect operations and claims management -- is needed, as opposed to a heavy focus on comparing behavioral health and non-behavioral health systems and procedures. The second session featured families discussing difficulties with access to psychiatric inpatient and step-down treatment. A representative from NAMI (National Alliance for the Mentally Ill) described broad concerns about access to behavioral health treatment. Insurers and MNS representatives discussed provider network issues. We obtained input from MNS members regarding parity-related concerns. MNS will submit written comments in early December.

Data from the 2013 health plan reports are still being analyzed. DOI will notify us when the aggregate report is available. You can review the DOI 2012 carriers’ report at http://www.mass.gov/ocabr/docs/doi/summary-2012-certifications.pdf

Parity Refresher: In thinking about parity-related concerns, review of some information might be helpful. A fact sheet from CMS.gov writes: “The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.” The law is concerned with comparable MH/SUD and medical-surgical favorability/limits in factors such as financial limits, treatment limitations, pre-authorizations, cost-sharing, utilization review, etc. Final rules on the law were issued in November 2013.

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Healthcare Reform, continued from page 7

The ACA extended some aspects of MHPAEA. More detailed information is available here: http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html

According to Health Law Advocates (January 29, 2013), parity applies to biologically based mental illnesses including specified mood disorders, psychotic disorders, eating disorders, PTSD, substance use disorders, delirium, dementia, autism, and rape-related mental or emotional disorders in victims. For children, parity applies to additional disorders listed in the most recent DSM that substantially interfere with or limit a child’s functioning and social interactions. A more specific list of conditions and the types of insurance plans covered is available here: www.healthlawadvocates.org/.../CMHC-Parity-Presentation-1-29-2013-3

Other HRC Updates: Identifying and keeping up with all of the private and public organizations, committees, coalitions, and task forces advocating for access to quality behavioral healthcare in Massachusetts is dizzying. Numerous groups advocate for a range of conditions across the lifespan. Examples of these groups include Healthcare for All and the Association for Behavioral Healthcare. We have found an especially vibrant network of groups focused on children’s mental health, such as the Children’s Mental Health Task Force (CMHTF) and the Children’s Mental Health Campaign (CMHC).

The CMHTF is spearheaded by the MA Chapter of the American Academy of Pediatrics and is a multi-disciplinary group with participants representing insurance carriers, state agencies, patient advocacy groups, and professional disciplines including pediatricians, psychiatrists, LICSW’s, and psychologists. Mary Coakley-Welch represents the Massachusetts Psychological Association (MPA) on this task force. The task force advocates effectively for improved access to mental health services across the Commonwealth. This task force established the successful statewide psychiatry consultation program, MCPAP (Massachusetts Child Psychiatry Access Project). Based on a recommendation from the Healthcare Reform Committee last year, the MNS Board voted to have MNS sign on as a supporter with a different advocacy group, the Children’s Mental Health Campaign (CMHC), which recently announced changes in the format and frequency of their meetings. CMHC will now host forums to hear from their supporters and the public on particular topics regarding child mental health needs to guide their legislative advocacy agenda. They expect to hold forums approximately every other month and are soliciting suggestions for topics. We will post notices of the forums and are accepting ideas that MNS members might have for topics for CMHC to address.

Fall 2014 Healthcare Reform Tip:
With final rules on the federal parity law issued in November of 2013 and with MA state law Chapter 224 assigning responsibility for parity enforcement within Massachusetts, avenues exist to investigate possible parity violations. From DOI: Complaints alleging a Carrier’s noncompliance with the Mental Health Parity Laws may be submitted verbally or in writing to the DOI’s Consumer Services Section for review. A written submission may be made by using the DOI’s Complaint Form: request the form by telephone or by mail, or access the form on the Division’s webpage at: http://www.mass.gov/ocabr/insurance/consumer-safety/file-a-complaint/Consumer_complaints regarding alleged non-compliance with the Mental Health Parity Laws also may be submitted by telephone to the Division’s Consumer Services Section by calling (877) 563-4467 or (617) 521-7794. All complaints that are initially made verbally by telephone must be followed up by a written submission to the Consumer Services Section, which must include but is not limited to the following information requested on the Insurance Complaint Form (see above link).

Please join the Healthcare Reform Committee! More members means better ability to keep up with all that is happening at this exciting, challenging, and pivotal time for healthcare in Massachusetts and nationwide. Contact Claudia Rutherford or Mary Coakley-Welch, HRC Managers, to join.
Over the past year the Professional Affairs Committee has continued to advocate in several different areas on behalf of the society, and we are pleased to report a few highlights of our recent activity. In addition, we would like to remind all members of the Society that this is an extremely exciting and active time for advocacy in Massachusetts. Much of the work that is being done here and now will have rippling effects on the healthcare landscape nationwide. If you are have an interest in any of the topics described here, or have other specific areas of interest in professional affairs in which you would like to contribute actively, please let us know so that we continue to work together to address these vital issues.

Division of Insurance: Beginning this September, in response to mandates in Chapter 224 of the Acts of 2012 (health care payment reform legislation) and subsequent mandates, the Division of Insurance has been hosting a series of informational “listening sessions” to obtain more information from community stakeholders about several diverse topics in the management of mental health services. Several of these sessions have been extremely relevant to the practice of neuropsychology, including sessions dedicated to access to care for neuropsychological assessment services as a medical benefit; development and availability of medical necessity criteria utilized by insurance companies; development of a universal prior authorization form; access to care and management of services for children with autism; and implementation of and compliance with health care parity laws.

Several members of the PAC, in collaboration with the Healthcare Reform Committee, members of the Executive Board, and members of the MPA Psychological Assessment Committee, have been actively participating in these meetings to represent the interests of the patient populations we serve and the services we provide. In this vein, we have also drafted written comments in which we characterize obstacles to medically-necessary care and propose solutions. Some of our proposals ask that the DOI require insurance companies to revise policies and procedures that conflict with existing law and regulation. Other proposals call for new regulatory guidelines that remove or reduce barriers to care. These efforts have also included consultation with both the APA Practice Directorate and the Inter-Organizational Practice Committee, both of which have provided their support.

We have also heard directly from the Deputy Commissioner of the Health Care Access Bureau and the Director of the Bureau of Managed Care that they share our concerns about several issues that have been presented. The Deputy Commissioner announced there would be at least one, and likely two, additional sessions to specifically explore additional areas of concern for neuropsychology in more depth. The DOI will inquire further with the insurance companies about the nature and extent of the participation of neuropsychologists in the development, implementation, and revision of medical necessity criteria for neuropsychological assessment. The second will likely focus on the inappropriate denial of medically-necessary neuropsychological services to children by several insurance companies who have been using the argument that the services are educational in nature and should be covered by school systems, or out of pocket by families.

Disclosure of Medical Necessity Criteria (MNC)
As many of you know, Chapter 224 of the Acts of 2012 contained language mandating that insurance companies disclose MNC. Subsequently, Chapter 165 of the Acts of 2014 updated some provisions of that 2012 Chapter 224 legislation. The DOI has also recently published a bulletin (Bulletin 2014-10; Changes to Massachusetts General Laws Chapter 6D, §16 and Chapter 176O, §§ 12 and 16 Affecting Disclosure of Medical Necessity Criteria; Issued 11/4/14) that provides their interpretation of the updated law. [Continued on page 10]
At the November 5th listening session on medical necessity criteria, the Deputy Commissioner began by reviewing the newly-published DOI Bulletin and asking each insurance company about the current status of their compliance with the new law and regulation.

The Bulletin makes clear that the DOI and the Office of Patient Protection (OPP) shall have access to all MNC, including proprietary criteria. However, when the insured, prospective insured, or the health care provider “is seeking licensed, proprietary criteria, the carrier may limit the information provided to that which is relevant to the particular treatments or services identified.”

Dr. Roger Cohen spoke at the DOI about three major problems we see with the new law and regulation.

1) The continued limitation on availability of proprietary MNC keeps in place significant obstacles to access to medically-necessary care.

2) The new laws and regulations do not explicitly require disclosure of the methodology used to develop MNC or the evidence in the medical literature supposedly supporting the MNC.

3) The MNC are intended to be guidelines, not ceilings. Patients and providers are supposed to have the right to appeal adverse determinations. Although required by existing law, many insurance companies currently fail to provide an explanation for the bases of the adverse determination that is specific to the patient’s particular issues, which creates an unwarranted barrier to access to medically-necessary care.

We have further work to do to ensure that patients, providers, and regulatory groups have full access to MNC, the methodology used to develop them, and the evidence on which they are purportedly based.

Appeals to the Office of Patient Protection (OPP)

During the DOI Listening Sessions, the Deputy Commissioner of the DOI Health Care Access Bureau and the Director of the OPP both emphasized that submission of appeals to the OPP is the fundamental pathway, at both the individual case level and the policy level, to address barriers to medically-necessary care. The DOI and the OPP are literally counting and reviewing all appeals filed. They pointed out that there have been very few appeals to the OPP regarding neuropsychological testing. They further explained that changes in OPP policy and procedure have made it considerably easier to file appeals. We have reviewed the new OPP policies and procedures, and have begun a discussion with them about the problems we see with using them as suggested. We have further work to do to address this challenge. In the meantime, we strongly encourage neuropsychologists to assist their patients with filing appeals so that the DOI and the OPP are fully aware of any problems with gaining access to neuropsychological services. Contact the PAC or the OPP for help with this process.

Toolbox Subcommittee: The Toolbox Subcommittee has been working hard at organizing and developing a number of practice tools and resources essential to private practitioners. At this point, the group has generated several standard documents including a full complement of privacy notices and informed consent procedures, which are attentive both to federal HIPAA and to the relevant laws in Massachusetts. The documents are being officially reviewed by an attorney to ensure full compliance, and will be made available on the website when complete.

The long-term goals of this effort also include organization of additional documents and references on various topics related to professional and ethical practice management (generation of appropriate business contracts for a neuropsychological practice; a checklist of documents and procedures that every practice should have in place to comply with HIPAA, MA law, the APA Ethics Code, and the Board of Psychologists of MA; management of response to subpoenas, etc.) If there are areas that you would like this group to consider, or if you are interested in becoming an active Toolbox member, please feel free to contact Subcommittee chair Dr. Carol Leavell (leavellca@aol.com) for consideration.

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Pearson Data Project: Members of the MNS Professional Affairs Committee, as part of a joint initiative with the Massachusetts Psychological Association’s Assessment Committee, have been actively working on a research project to analyze data provided by Pearson that captures the administration times of several tests with clinical populations. This group is currently in the final stages of data analysis and has begun drafting a paper for submission to a peer-reviewed journal. The goal is to provide awareness regarding the amount of time that assessment procedures may take with clinical populations as opposed to the more commonly-available published assessment times with non-clinical populations. Answers to this question may have direct impact on advocacy efforts geared toward acquiring authorization of additional time for assessment when working with certain clinical populations.

Public Response Team: Members of the Public Response Subcommittee led by Dr. Sandra Shaheen have continued to keep a watchful eye on important issues and have responded as necessary. Over the past year, members drafted a letter of support for the advocacy of our sister group NYSAN, to support Bill S.4176-A (Valesky)/A.6948 (Lavine) in New York State, which would exempt the activities of testing technicians from the Psychology Scope of Practice Act and to enable testing technicians to administer and score standardized, objective psychological or neuropsychological tests. This bill was designed to correct an idiosyncratic interpretation of the 2003 Psychology Scope of Practice Act that inadvertently disallowed the use of technicians throughout the state.

Advocacy with Insurance Companies: Various subgroups of the MNS/MPA Joint Advocacy Group, which includes members of the MNS Professional Affairs Committee, the MPA Assessment Committee, and others from MPA and MNS, have continued to meet with insurance companies to discuss the management of psychological and neuropsychological benefits and access to care for insurance subscribers.

BCBSMA: Members continued to meet several times a year with executives from BCBS to discuss concerns from the membership. Areas of discussion over the past year have included: 1) addressing and resolving three major barriers to care (outlined in summaries reported to the MNS e-mail list over the course of the past year); 2) improving inter-reviewer reliability during the authorization process; 3) facilitating access to the use of 96116 and 96120; and an array of additional issues.

Beacon Health Strategies: Members of MNS and MPA have continued to meet with representatives from Beacon Health Strategies to discuss their coverage and management of numerous issues relevant to neuropsychology. Some of these issues included: 1) For GIC/Medicare/Beacon policyholders, handling of crossover claims from Medicare for assessment and treatment services directed at mental health conditions; 2) for BMC HealthNet policyholders, coverage for assessment and treatment services provided by psychologists/neuropsychologists to address medical conditions; 3) for BMC HealthNet policyholders, use of 96116; 4) Collateral Contacts and Case/Family/Bridge Consultations; 5) adequacy of Beacon's provider network; 6) Beacon's handling of provider inquiries; 7) contracting issues; and a wide array of additional issues.

A comprehensive summary of outcomes was reported on the MNS e-mail list on June 18th, 2014 by Dr. Cohen; it remains available for review.

Outreach to organizations: As part of Dr. Imber’s presidential initiative, members of the MNS Board and Professional Affairs Committee have been working on outreach to the community, to foster relationships with other advocacy organizations and consumer groups. In addition to advocating for the field of neuropsychology, MNS also wants to be sure that we are aligned and present, working side by side with consumer groups to ensure the best outcomes and care for all individuals. If you have contacts within various advocacy organizations, or would like to be a liaison with an organization in which you are already actively involved, please let us know.